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ಕರ್ನಾಟಕ ವಿಲಾಸ ತೆರಿಗೆ ಕಾಯ್ದೆ ಅಡಿಯಲ್ಲಿ ಡೌನ್‌ಲೋಡ್ ಮಾಡಿಕೊಳ್ಳಬಹುದಾದ ನಮೂನೆಗಳು

ಪರಿಸೂಚಿ

ಕ್ರಮ ಸಂಖ್ಯೆ	ನಮೂನೆ ಸಂಖ್ಯೆ	ವಿವರಗಳು
1.	ನಮೂನೆ- I	ನೋಂದಣಿ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿ
2.	ನಮೂನೆ- I-BC	ಕ್ಲಬ್ ಸದಸ್ಯರ ಕ್ರೋಢೀಕೃತ ಮಾಹಿತಿ.
3.	ನಮೂನೆ- I-BH	ವಸತಿ ಮತ್ತು ತೆರಿಗೆ ಮೂಲ ಮಾಹಿತಿ
4.	ನಮೂನೆ- I-BM	ಮದುವೆ ಹಾಲ್‌ಗೆ ಪಡೆಯುವ ಬಾಡಿಗೆಗೆ ಸಂಬಂಧಿಸಿದ ಮೂಲ ಮಾಹಿತಿ.
5.	ನಮೂನೆ- I-BN	ವಸತಿ ಮತ್ತು ಆಸ್ಪತ್ರೆಗಾಗಿ ಪಡೆಯುವ ಬಾಡಿಗೆಗೆ ಸಂಬಂಧಿಸಿದ ಮೂಲ ಮಾಹಿತಿ.
6.	ನಮೂನೆ- II-H	ವಸತಿಯಲ್ಲಿ ಉಳಿದವರ ಮತ್ತು ತೆರಿಗೆ ಸಂಗ್ರಹಿಸಿದ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ದಿನವಹಿ ಲೆಕ್ಕ
7.	ನಮೂನೆ- II-M	ಮದುವೆ ಹಾಲ್‌ನ್ನು ಬಾಡಿಗೆಗೆ ಪಡೆದ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ದಿನವಹಿ ಲೆಕ್ಕ.
8.	ನಮೂನೆ- II-N	ವಸತಿ ಪಡೆದವರ ಮತ್ತು ತೆರಿಗೆ ಸಂಗ್ರಹಿಸಿದ ಬಗ್ಗೆ ಆಸ್ಪತ್ರೆಯವರು ನಿರ್ವಹಿಸಬೇಕಾದ ದಿನವಹಿ ಲೆಕ್ಕ.
9.	ನಮೂನೆ- II-AC	ಕ್ಲಬ್ ಸದಸ್ಯರ ಮತ್ತು ತೆರಿಗೆ ಪಾವತಿಗೆ ಸಂಬಂಧಿಸಿದ ಮಾಸಿಕ ಹೇಳಿಕೆ (ಸ್ಟೇಟ್‌ಮೆಂಟ್)
10.	ನಮೂನೆ- II-AP	ಮಾಸಿಕ ತೆರಿಗೆ ಹೇಳಿಕೆ.
11.	ನಮೂನೆ- III-C	ವಿಲಾಸ ತೆರಿಗೆ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ವಾರ್ಷಿಕ ಗೋಷ್ಠಿ.
12.	ನಮೂನೆ- III-H	ವಿಲಾಸ ತೆರಿಗೆ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ವಾರ್ಷಿಕ ಗೋಷ್ಠಿ.
13.	ನಮೂನೆ- III-M	ವಿಲಾಸ ತೆರಿಗೆ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ವಾರ್ಷಿಕ ಗೋಷ್ಠಿ.
14.	ನಮೂನೆ- III-N	ಹಾಸ್ಟಿಟಲ್‌ಗಳವರು ಸಂಗ್ರಹಿಸುವ ವಿಲಾಸ ತೆರಿಗೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ವಾರ್ಷಿಕ ಗೋಷ್ಠಿ.
15.	ನಮೂನೆ- IV-H	ವಿಲಾಸ ತೆರಿಗೆ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ಮಾಸಿಕ ಗೋಷ್ಠಿ.
16.	ನಮೂನೆ- IV-M	ವಿಲಾಸ ತೆರಿಗೆ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ಮಾಸಿಕ ಗೋಷ್ಠಿ.
17.	ನಮೂನೆ- IV-N	ಹಾಸ್ಟಿಟಲ್‌ಗಳವರು ಸಂಗ್ರಹಿಸುವ ವಿಲಾಸ ತೆರಿಗೆ ಮತ್ತು ಪಾವತಿ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವ ಮಾಸಿಕ ಗೋಷ್ಠಿ.

FORM I
 [See Rule 2-B(1)]
Application for grant of Certificate of Registration

To

Luxury Tax Officer,

I,.....son/daughter/wife/husband/etc., of.....on behalf of the proprietor whose particulars are given below, hereby apply for registration under Section 4-A of the Karnataka Tax on Luxuries Act, 1979.

1. Name of the proprietor.
2. Name & style of business.
3. Complete addresses with telephone No.

Address

Tel.No.

- (a) Principal place of business.
- (b) Additional places of business
 - (i)
 - (ii)
 - (iii)

4. Status of business (proprietary partnership/Pvt.Ltd.Co./Public Ltd.Co./ etc.).
5. Name, address and status of the person signing this application.
6. Date of commencement of business.
7. Name/s and address/es of proprietor, partners, directors, as applicable.

Sl. No.	Name of Proprietor/Partner/ director etc	Status	Male/Female M/F	Age	Complete address and Tel.No.	Signature
(1)	(2)	(3)	(4)	(5)	(6)	(7)

8. If registered under KST Act, 1957, KST Registration Certificate No.
9. Amount of Registration fee paid with

No. and date of challan/office receipt/treasury receipt/cheque/demand draft.

DECLARATION

I,.....son/daughter/wife/husband/ of hereby declare that to the best of my knowledge and belief, the particulars furnished in this application as above are true and correct.

Place:
Date :

Signature:
Name:
Status:

Note: 1.Two passport size photographs of Proprietor/partner/
HUF Kartha/ etc. should be attached.

For Official use by the Luxury Tax Officer.

1. Date of receipt of application.
2. Date of issue of registration certificate, with registration certificate number.

Place:
Date :

Signature:
Name of
Luxury Tax Officer.
Designation:
Official Seal:



FORM I-BC

[See Rule 3(1)(aa)]

Abstract of information of members of a club

1. Name and address of the club:
2. Telephone Number :
3. Name of the proprietor:

4. Number of members of the club at the beginning of the year commencing from 1st April:
5. Number of new members of the club during the month of
6. Tax Payable
7. Tax remitted (Challan No. / Cheque / D.D.No.):

Signature of the Proprietor / Secretary / Manager of the Club.



FORM I-BH
 [See Rules 3(a) and (4)]
Basic information of Accommodation and Tariff

1. Name of the Hotel:
2. Address of the Hotel:
3. Telephone Number:
4. Name of the Proprietor:
5. Name of the Managing Director/Manager:
6. Accommodation capacity and Tariff:

Room		No.of beds	Tariff
Type	Number		
Single			
Double			
		Double occupancy (a)	Single occupancy (b)
Suite			
Others			
Grand Total			

Signature
 Name
 Designation

Date:

I, the above named Sri.....residing at
do hereby solemnly affirm and say that the contents of the above return are true according to
the best of my information and belief.

Place:

Date:

Signature of Proprietor.



FORM I-BM
[See Rule 3(1)(a) and Rule(4)]
Basic Information on Charges for Marriage Hall

1.	Name of the Marriage Hall	
2.	Address of the Marriage Hall	
3.	Telephone Number	
4.	Name of the Proprietor	
5.	Name of the Managing Director/Manager	
6.	Charges for Marriage Hall per day	

Date:

Signature :
Name and
Designation :

I, the above named Sri.....residing at
hereby solemnly affirm and say that the contents of the above return are true according to the
best of my information and belief.

Place:

Date:

Signature of the
Proprietor.]



FORM I-BN

[See Rules 3(a) and 4]

Basic Information of Accommodation and Hospital charges

1.	Name of the Hospital	:	
2.	Address of the Hospital	:	
3.	Telephone Number	:	
4.	Name of the Proprietor	:	
5.	Name of the Managing Director/Manager	:	
6.	Accommodation capacity and charges for Hospital	:	

Type	Number	No.of Beds	Hospital Charges	
			Double occupancy	Single occupancy
(i) Single				
(ii) Double				
(iii) Suite/Others				

Signature :
Name and Designation :

I, the above mentioned Sri.....residing at
hereby solemnly affirm and say that the contents of the above return are true according to the
best of my information and belief.

Place:

Date:

Signature of the Proprietor.



FORM II-H

[See Rules 3(b) and 4]

Daily account of occupancy of rooms and collection of Tax
(N.B. Separate entry should be made in respect of each person)

Name of the Hotel.....

Sl. No.	Name of the Guest	Age	Nationality	Name or No. of the Room occupied	Rate of charges for accommodation for residence per day [per room]
1	2	3	4	5	6

Arrival date Time	Departure date Time	Period of stay of each guest	Total amount of charges for accommodation for residence	Charges paid by guest in Foreign Currency or Indian Currency
7	8	9	10	11

No. of guests who occupied the room or accommodation in hotel	(a) No. and date of bill (b) No. and date of cash memo	Amount of Luxury Tax collected	Remarks
12	13	14	15

Dated:

Signature
Name
Designation

I, the above named Sri.....residing at
hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the Proprietor.



FORM II-M
[See Rules 3(1)(bb) and Rule 4]
Daily Account of Occupancy of Marriage Hall

Name of the Marriage Hall.....

1.	Sl. No.	
2.	Name of the Occupant	
3.	Date of Arrival / time	
4.	Departure Date / time	
5.	Period of occupancy	
6.	Total amount of charges for Marriage Hall	
7.	Number and Date of bill	
8.	Amount of Luxury Tax collected	
9.	Remarks	

Date:

Signature, Name and
Designation :

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the
Proprietor.



FORM II-N
[See Rules 3(1)(bbb) and 4]
**Daily Account of Occupancy of rooms and collection of
Tax in Hospital**

(Note -Separate entry should be made in respect of each patient or inmate or resident or attendant)

1. Name of the Hospital

Sl. No.	Name of the Patient/ Inmate/resident/attendant	Name or No. of the Room occupied	Rate of "Charges for Hospital" per day
(1)	(2)	(3)	(4)

Arrival date / Time	Departure Date / Time	Period of Stay	Total amount of "Charges for Hospital"	Amount of Luxury tax collected	Remarks
(5)	(6)	(7)	(8)	(9)	(10)

Signature :
Name and Designation :

I, the above mentioned Sri.....residing at
hereby solemnly affirm and say that the contents of the above return are true according to the
best of my information and belief.

Place:
Date:

Signature of the Proprietor.



FORM II-AC

[See Rule 4-A]

Monthly Statement of Members of a club and Tax payable

1. Month and Year:
2. Name and full Address of Club:
3. Registration certificate Number :
(a) Under KTL Act, 1979
(b) Under KST Act, 1957
4. Total No.of members during the month:
5. Total L.T. collected :
6. Total L.T. payable :
7. Total L.T. paid :
8. Balance due/excess paid :
9. Details of tax paid :

Date:

Name and Signature

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the
Proprietor.



FORM II-AP
[See Rule 4-A]
Monthly Statement of Tax

1.	Month and Year	
2.	Registration Certificate No. under Karnataka Tax on Luxuries Act, 1979	
3.	Name and full address of the proprietor	
4.	Style of business	
5.	Tax payable for the month	
6.	Tax paid (Challan No. and date to be furnished)	
7.	Balance due/excess paid	

I, do solemnly declare that to the best of my knowledge and belief the information furnished in the above statement is true and complete, and that it relates to the month covering the period from.....to.....

Place:

Date:

Signature of the
Proprietor.



FORM III-C
[See Rule 6(1)(a)]
Yearly Abstract of Collection and Remittance of Luxury Tax

1. Registration number :
2. Name of the club :
3. Year (Period) :
4. Total number of members during in the year :
5. Total luxury tax collected :
6. Total amount payable in the year :
7. Total amount paid :
8. Details of tax paid :

Date:

Signature
Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the
Proprietor.



FORM III-H

[See Rule (xxxx) 4]

[Annual] abstract of Collection and Remittance of Luxury Tax

Name of the Hotel.....

Month	Total No. of guests	Total charges recovered for accommodation for residence	Total charges received for luxuries under Section 3-B	Total Luxury Tax Collected	Luxury Tax paid to Govt.			Remark
					Amount	Challan No & Date	Balance	
1	2	3	3-A	4	5(a)	5(b)	5(c)	6

Date:

Signature
Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the Proprietor.



FORM III-M
[See Rule 3(1)(c) and Rule 4]
Yearly Abstract of Collection and Remittance of Luxury Tax

Name of the Marriage Hall.....

1.	Month	
2.	Total No. of day occupies	
3.	Total charges recovered for marriage hall	
4.	Total luxury tax collected	
	Luxury Tax Paid to Government	
5(a)	Amount	
5(b)	Challan No. and date	
5(c)	Balance	
6.	Remarks	

Date:

Signature
Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Signature of the Proprietor.



FORM III-N
 [See Rule 4]
**Annual Abstract of Collection and Remittance of Luxury Tax
 by Hospitals**

1. Name and address of the Hospital:

Month	Total No. of Patients/Inmates/ Resident/ attendants	Total "charges for Hospital" collected	Total Luxury Tax Collected	Luxury Tax paid to Government Amount Challan No. and Date	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

Signature
 Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Date:

Signature of the Proprietor.



FORM IV-H
[See Rule 3(1)(c)]
Monthly Abstract of Collection and Remittance of Luxury Tax

Name of the Hotel.....

1.	Month	
2.	Total No. of guests	
3.	Total charges recovered for accommodation for residence	
4.	Total luxury tax collected	
	Luxury Tax Paid to Government	
5(a)	Amount	
5(b)	Challan No. and date	
5(c)	Balance	
6.	Remarks	

Date:

Signature
Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Signature of the Proprietor.



FORM IV-M
[See Rule 3(1)(c)]
Monthly Abstract of Collection and Remittance of Luxury Tax

Name of the Marriage Hall.....

1.	Month	
2.	Total No. of day occupiers	
3.	Total charges recovered for marriage hall	
4.	Total luxury tax collected	
	Luxury Tax Paid to Government	
5(a)	Amount	
5(b)	Challan No. and date	
5(c)	Balance	
6.	Remarks	

Date:

Signature
Name and Designation

I, the above named Sri.....residing at do hereby solemnly affirm and say that the contents of the above return are true according to the best of my information and belief.

Place:

Signature of the Proprietor.



FORM IV-N
[See Rule 3(1)(c)]
**Monthly Abstract of Collection and Remittance of Luxury Tax
by Hospitals**

Name and Address of the Hospital:

1.	Month	
2.	No. of Patients/Inmates/Residents/ Attendants	
3.	Total "Charges for Hospital" collected	
4.	Total Luxury Tax collected	
5.	Total Luxury Tax payable	
	Luxury Tax paid to Government	
6.	Luxury Tax paid	
7.	Challan No./Date	
8.	Remarks	

Signature
Name and Designation:

I, the above mentioned Sri.....residing at.....do
hereby solemnly affirm and say that the contents of the above return are true according to the
best of my information and belief.

Place:

Date:

Signature of the Proprietor.

